

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	P	10	10-21-01
O.I.P.E. CLASSIFIER		10	10-21-01
FORMALITY REVIEW	B2	323-883	10-25-01
RESPONSE FORMALITY REVIEW	M.D.	615	02-14-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
stapl additional sheet here

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7 Y  
10/27/02  
85:  
02/17/02

